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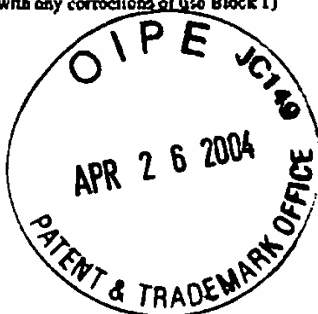
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03/22/2004

MARK K JOHNSON
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Kirk Ekema (Depositor's name)
Kirk Ekema (Signature)
4/26/2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/234,606	01/21/1999	JON A. WOLFF	MIRUS.010	5854

TITLE OF INVENTION: CHELATING SYSTEMS FOR USE IN THE DELIVERY OF COMPOUNDS TO CELLS

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	06/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, DAVE TRONG	1632	514-044000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Mark K. Johnson
2.
3.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minus Corporation

Madison, WI

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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- ☐ Issue Fee
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PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0851-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/234,606	
	Filing Date	1/21/1999	
	First Named Inventor	Jon A. Wolf	
	Art Unit	1632	
	Examiner Name	Nguyen, Dave Trong	
Total Number of Pages in This Submission	3	Attorney Docket Number	Minus.010

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Mark K. Johnson
Signature	
Date	04/26/2004

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 4/26/2004		
Typed or printed	Kirk Ekana	
Signature		Date 4/26/2004

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